

EMERGENCY CONTRACEPTION KNOWLEDGE AMONG TEENS

Student Researcher: Evelyn Urena, MACSA Academia Calmecac
Mentor: Sophia Yen, MD, MPH, LPCH at Stanford University

INTRODUCTION

Emergency contraception (EC) is commonly known as “the morning after pill,” and it used to help prevent pregnancy after unprotected sex or contraceptive failure. Since 2005 the World Health Organization has recommended that females have up to five days to take the pill.¹ This method only works before the sperm actually bonds with an egg and the female becomes pregnant.^{2,3} However, if the female is pregnant and decides to take EC, it will not have any type of effect on her or her fetus.

Currently, the United States has the highest pregnancy and STI rates compared to many other countries. In France, teens have access to EC through a pharmacy without a prescription or at their junior or senior high school free of charge.⁴ Between the years of 2005 and 2006, the US birth rate rose by 3 percent among 15–19 year old adolescents.⁵ EC is estimated to prevent up to 75% of unintended pregnancies.⁴ Adolescents are at greater risk of becoming pregnant if they lack the knowledge of proper use and effects of EC. If they know how EC works, and understand it is not a form of abortion, more teens would be likely to use it for contraception. According to Hamilton et al,⁵ “The only age group under 20 years of age not experiencing an increase in birth rates was the youngest teenagers, aged 10–14 years.” EC knowledge among young adolescents is important to help reduce the US birth rate. The goal of our study was to assess adolescents’: knowledge of EC, knowledge of confidentiality laws related to EC, opinion if EC is an abortifacient and preference of where to get EC and to see if these differed by sex, ethnicity, sexual experience, and religion.

We have little knowledge on a teen’s awareness about EC.⁶ According to

Delbanco et al,⁷ “teenage boys and girls were equally misinformed on each of these issues.”

We conducted a Medline search and found no articles about emergency contraception knowledge by United States teens, and very few comparisons between boys’ knowledge to girls’ knowledge on emergency contraception. No studies asked teens where they preferred to get EC.

METHODS/MATERIALS

A multiple choice survey was completed by 518 10th graders students in California. Average age of respondent was 15 years and respondents were members of diverse ethnicities. Data were analyzed using SPSS by sex, ethnicity, sexual experience, and religion.

RESULTS

Of the 518 students, 59% were females and 65% of all students had As and Bs in school and 34% had grades of C or lower. Ethnic diversity was: 40% White, 17% Asian, 24% Hispanic, 7% Pacific Islander, 8% mixed/other native Alaskan and 3% African American. 88% were virgins, while 12% were sexually experienced. 20% reported being “not at all religious”; 28% “a little religious”; 39% “somewhat religious”; and 14% were “very religious.” (Tables 1, 2)

Knowledge

Of 482 teens, only 38% of males “knew what EC was” vs 55% of females. ($P<.0001$) 67% of African Americans knew what EC was vs 62% Whites, 45% mixed/other/Eskimo, 40% Hispanics, 36% Pacific Islanders, and 31% Asians.

Table 1. Ethnic characteristics of respondents answering question, “If I got EC from my doctor, my doctor would have to tell my parents”

		If I got EC from my doctor, my doctor would have to tell my parents?		Total
		True	False	
Black, African-American	Count	3	6	9
	% within ethnicity	33%	67%	100.0%
White, (non-Hispanic), European	Count	58	126	184
	% within ethnicity	32%	69%	100.0%
Asian, Asian American	Count	40	39	79
	% within ethnicity	51%	49%	100.0%
Hispanic or Latino/Latina	Count	32	67	99
	% within ethnicity	32%	68%	100.0%
Pacific Islander	Count	16	17	33
	% within ethnicity	48.5%	52%	100.0%
Mixed/Other/American Eskimo	Count	13	19	32
	% within ethnicity	41%	59%	100.0%
TOTAL	Count	162	274	436
	% within ethnicity	37%	63%	100.0%

P<.05.

EC is not an abortifacient

Most students (66%) reported that they were unsure of what would happen if a pregnant woman took EC, 11% said “the pregnancy would end,” 8% said “the baby would have birth defects” and only 15% were correct and selected “nothing would happen.”

Confidentiality laws

26% of sexually experienced students believed that if they received EC from their doctor, the doctor would tell their parents compared to 39% of the virgins who reported the same. 69% of Whites knew that their doctor would

not be able to tell their parent if they got EC from him/her compared to 68% of Hispanics, 67% African Americans, 58% of other/mixed/Eskimo, 52% of Pacific Islanders, and 49% of Asians thinking the same.

Practical knowledge

The knowledge of the time frame they had to take EC did not differ by sex. Only 40% males vs 53% females knew from where they could obtain EC. 46% of African Americans and Whites did not know where to obtain EC vs 51% of Hispanics, 56% of Pacific Islanders, 56% of other/mixed/Eskimo,

and 68% of Asians. 70% of the “not at all religious” teens did not know that they could receive EC over the counter vs 74% of those who were “a little religious,” 82% of those who were “somewhat religious,” and 84% of those who were “very religious.”

EC preference

Of the males, 8% preferred to obtain EC from a school clinic, 19% preferred a planned parenthood clinic, 12% preferred over-the-counter without a prescription, 36% preferred their doctors, 5% preferred a pharmacy with a prescription, and 20% said they would

Table 2. Association of religious status with knowledge of EC use in rape cases

		If a woman does not want to get pregnant, she can use EC if she is raped?		Total
		Yes	No	
Not at all religious	Count	67	25	92
	%	73%	27%	100.0%
A little religious	Count	80	42	122
	%	66%	34%	100.0%
Somewhat religious	Count	110	56	166
	%	66%	34%	100.0%
Very religious	Count	32	30	62
	%	52%	48%	100.0%
Total	Count	289	153	442
	%	65%	35%	100.0%

P<.05.

get it from another health clinic. Of the females, 3% said they preferred to get EC from a school clinic, 38% preferred get it from a planned parenthood clinic, 9% preferred over-the-counter without a prescription, 34% preferred their doctor, 3% preferred to get it from the pharmacy with a prescription, and 13% preferred another health clinic.

DISCUSSION

Many people think that having EC available to youth will increase the US birthrate. However, in reality, teen pregnancies and abortions can be reduced if adolescents are better informed about emergency contraceptives. Our study showed many teens are misinformed about EC, especially young

males. Males should be given as much information as females. Doctors need to start educating their young teen patients about EC, where to obtain it, the EC laws in California and how it works to dispel the myth that EC is abortion. Doctors should also make it clear to the patients that CA law states that teens have the right to confidentiality for reproductive healthcare. Results of our study demonstrate a need for more targeted EC education. Students of Asian and Hispanic backgrounds answered survey questions incorrectly and should be targeted for EC education efforts.

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